

VOLUNTEER APPLICATION FORM

DATE _____ TITLE MR/MRS/MISS/MS/OTHER _____

SURNAME _____ FORENAMES _____

ADDRESS _____

TELEPHONE _____ MOBILE/OTHER _____

EMAIL _____

DATE OF BIRTH _____ AGE _____ CAR OWNER: YES/NO

PRESENT OCCUPATION & EMPLOYER (IF APPLICABLE) _____

VOLUNTARY WORK REQUIRED / INTERESTS (Please tick all that apply)

	Help with community events and festivals
	Help with business events and visits
	Be a teaching assistant in adult education language classes
	Be a teaching assistant in primary or secondary schools
	Be a teaching assistant in local organisations and companies
	Join a language special interest group - tell us which language or cultural aspect:
	Weymouth & Portland National Sailing Academy events
	Other – tell us what you would like

WHEN ARE YOU AVAILABLE TO VOLUNTEER? (Please circle all that apply)

Daytime Evening Weekends

3 or 4 times a year Once a month Once a week

If you are here temporarily as a student or resident, please tell us when you

will leave the area **Continued overleaf ...**
DO YOU HAVE ANY MEDICAL CONDITIONS THAT MAY AFFECT YOUR VOLUNTEERING?

YES/NO (Please give brief details)

.....

DO YOU CONSIDER YOURSELF DISABLED? YES/NO (Please give brief details)

.....

VOLUNTEER AGREEMENT:

I understand that some organisations will require references and or Police Checks.

I consent to my details being held on our written and computer records.

Note: Your information will not be used for any purpose unrelated to the aims of the register.

Volunteer signature (If under 18, see below)

RLNSW Interviewer signature

If the applicant is under the age of 18, Parental / Guardian consent is required before undertaking any voluntary placement.

I consent to..... carrying out voluntary work arranged by RLNSW.

Signed Print name
 Relationship Contact details if different from applicant:

NAMES AND ADDRESSES OF REFEREES

1. 2.

NOTES

GEN	AGE	ETH	DIS	INT DATE	INTV ID	REFS	PLD	START DATE	DATA INPUTED	VOL REG NO